

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 943

CERTIFICATE OF DEATH

Reg. Dist. No. 00881 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Julius Hunter Julius Barkley

3. (b) Social Security Number

4. Sex Male 5. Color or race Cobalt 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Annie Barkley7. Birth date of deceased (mo., day, yr.) July 17, 1883 6. (c) If alive, give age 62 years8. AGE: Years 62 Months 6 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Loxetta, Md. Somerset
(Town, county, and state)10. Usual occupation Doctor (M.D.)

11. Industry or business

12. Name Julius Caesar Barkley13. Birthplace Loxetta, Md.14. Maiden name Charlotte Nabel15. Birthplace Allen, Md.16. Informant Edna StewartAddress Salisbury 104 3rd. St. Md.17. Burial Jan. 23, 1946

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory LawsonLocation Crisfield, Md.18. Funeral director Charles H. WardAddress Marion Sta., Md.19. 1/23/46 C. E. Collins M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1946 at 9:30 P. M.

21. I CERTIFY (has death occurred on the date above stated; that I attended deceased from

and that I last saw him on Jan. 19, 1946Immediate cause of death Coronary occlusionDue to arterio sclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results no

PHYSICIAN: Please state the cause of death above in the margin statistically.

22. VIOLENCE: If death due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Misses of injury _____ Injured at work? _____

23. SIGNATURE Wm. H. Coulbourn M.D.Address Crisfield Md. Date Jan 23 - 46

RECEIVED
JAN 31 1946
BUREAU V.E.

200-233-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00882 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Arthur O. Baylis

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Unknown

8. AGE:

Years

Months

Days

If less than one day

77

hrs. _____ min.

9. Birthplace

Greenlawn, L.I. N.Y.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Orlando Baylis

13. Birthplace

Greenlawn, L.I. N.Y.

MOTHER

14. Maiden name

Adeline Minor

15. Birthplace

N.Y. N.Y.

16. Informant

Clarence Baylis

Address

Salisbury, Md.

17.

(Burial, cremation, or removal. Which)

Date thereof

Jan. 19, 1946
(month) (day) (year)

Cemetery or crematory

Huntington Cemetery

Location

Huntington, N.Y.

18. Funeral director

Charles Washell

Address

Princess Anne, Md.

19.

(Date rec'd by registrar)

19

Jan 19, 46
R. H. Johnson, M.D.
Per g.d.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17th 1946, at 12:40pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Myocardial infarction

DURATION

Due to _____

Due to _____

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Arthur O. Baylis

M. D. or other

Address

Princess Anne, Md.

Date signed

1/19-46

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JAN 22 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1951

CERTIFICATE OF DEATH

Reg. Diat. No.

00883
265

1. PLACE OF DEATH

County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 1 yr.
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Md. County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Pine St.
(If rural, give LOCATION)
none
2.(a) If veteran, name war.....

3. (a) FULL NAME

Shirley D. Chelton

3. (b) Social Security Number

none

4. Sex..... Female
5. Color or race..... white
6.(a) Single, married, widowed, or divorced..... single

6.(b) Name of husband or wife..... none

7. Birth date of deceased (mo., day, yr.)..... September 9, 1944
6.(c) If alive, give age..... years

8. AGE: Years..... 1 Months..... 4 Days..... 18
It less than one day..... hrs. min.

9. Birthplace..... Baltimore, Md.
(Town, county, and state)

10. Usual occupation..... none

11. Industry or business..... none

12. Name..... Thomas F. Chelton

13. Birthplace..... Crisfield, Md.

14. Maiden name..... Ella M. Galloway

15. Birthplace..... Crisfield, Md.

16. Informant..... Thomas F. Chelton

Address..... Crisfield, Md.

17. Burial..... Date thereof..... 1/29/46
(Burial, cremation, or removal, Which?)..... Crisfield, Cemetery
(month) (day) (year)

Cemetery or crematory..... Crisfield, Md.

Location..... Howard H. Hubbard

18. Funeral director..... 506 Main St., Crisfield, Md.

Address.....

19. 1/28/46..... C. E. Bellum M. D.
(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 27, 1946, at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 27, 1946, to Jan 27, 1946,
and that I last saw her alive on Jan 27, 1946.

Immediate cause of death.....

Suppuration; accidental.
Cecum

DURATION

1 hr.

Due to..... Asphyxiated in

Accidental suffocation, due to nut in lower

Due to..... chest tree.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident..... Date of January 27, 1946

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... S. M. Peyton M. D.

Address..... Crisfield, Md. Date signed Jan 28, 1946

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JAN 31 1946

BUROAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00884

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town RURAL, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town RURAL, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Drucilla Hester Collins

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Edgar Wesley Collins
 6.(c) If alive, give age 65 years
 7. Birth date of deceased (mo., day, yr.) November 29, UN about 1873
 8. AGE: Years 72 Months 1 Days 18 It less than one day _____ hrs. _____ min.

9. Birthplace Dames Quarter-Somerset-Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Major Jackson Webster
 13. Birthplace Dames Quarter, Maryland
 14. Maiden name Mary Jane Wallace
 15. Birthplace Dames Quarter, Maryland

16. Informant Clarence S. Bonneville
 Address Marion, Maryland

17. Burial, cremation, or removal. Which? Burial Date thereof Jan. 20, 1946
 (month) (day) (year)
 Cemetery or crematorium Private, Bonneville Farm
 Location Marion, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Jan 22 1946 Ira Wilson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1946 at 9:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1, 1945 to Jan 17, 1946
 and that I last saw him alive on January 17, 1946

Immediate cause of death Uremia. acute delirium
 DURATION 1 week

Due to Chronic heart failure
Chronic nephritis

Due to General Arteriosclerosis
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Ira Wilson M. D. or other _____
 Address Marion, Md. Date signed Jan 18 1946

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JAN 26 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

Reg. Dist. No. 00885 260

1. PLACE OF DEATH:

County Somerset
 City or town Princeton and R.R. 1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Princeton and R.R. 1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race A. G. 6.(a) Single, married, widowed, or divorced Married
 B.(b) Name of husband or wife John Battman
 6.(c) If alive, give age Don't know years

7. Birth date of deceased (mo., day, yr.) about 1894
 8. AGE: Years Months Days If less than one day
about 51 hrs. min.

9. Birthplace Wilmington, MD
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Same as above

12. Name Benjamin Johnson

13. Birthplace Allen, MD

14. Maiden name Anderson

15. Birthplace Wilmington

16. Informant Marie Anderson

Address Anderson Anne me not

17. Burial Date thereof Jan 28 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Princeton

Location Allen, MD

18. Funeral director James H. Stewart

Address Baltimore, MD

19. Jan 26, 46 R. A. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1946 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw him _____ 19____

Immediate cause of death

Fracture of skull

Due to _____

Primary in skin of forehead.

Due to Duration: Not known. Cause of

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Henry M. Sanford, M.D.

Address Princeton, MD Date signed 1/26/46

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JAN 28 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

00886

★ Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Upper Fairmount
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
City or town Upper Fairmount Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Mary L. Dorsey

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Robt Dorsey

6. (c) If alive, give age _____ years

7. Birth data of deceased (mo., day, yr.) Mar. 1, 1861

8. AGE: Years 84 Months 18 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Fishing Island
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business for Reville

12. Name Mrs. Reville

13. Birthplace MD

14. Maiden name Nancy Mariner

15. Birthplace MD

16. Informant Mrs. Thomas Ford

Address _____

17. Burial Date thereof Jan 6, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rt 2

Location Upper Fairmount MD

18. Funeral director Harry B. Milas

Address Upper Fairmount MD

19. Jan 5 19 46 Rt 2 Upper Fairmount MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 19 46 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him alive on _____ 19 _____

Immediate cause of death Myocarditis
Duration, unknown No further information ever

Due to Cerebral hemorrhage; duration, two years

Due to _____
Other conditions Bronchial Asthma

(Include pregnancy within 8 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE P. Smith

Address Upper Fairmount MD Date signed 1/5-46

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 724

CERTIFICATE OF DEATH

Reg. Dist. No. 01043 2650

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Jacksonville Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Jacksonville Road
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

CLARENCE EVANS

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 15, 1886
 8. AGE: Years 60 Months 2 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Crisfield-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation Waterman11. Industry or business Sea food12. Name Dawson Evans13. Birthplace Somerset County, Md.14. Maiden name Clara Ward15. Birthplace Somerset County, Md.16. Informant Mrs. Maude TawesAddress Crisfield, Md. Rural

17. Burial Date thereof Jan 7, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield CemeteryLocation Crisfield, Maryland18. Funeral director Gordon LawsonAddress Crisfield, Maryland

19. Jan 7, 1947 Date rec'd by registrar
George Frank Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1947 at 1:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7, 1947 to Jan 7, 1947and that I last saw him alive on Jan 1, 1947Immediate cause of death Acute myocardial infarction

DURATION

1 hr.Due to Chronic myocardial infarctionDue to Coronary infarction fromCoronary atherosclerosisOther conditions Pericarditis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Payton M.D.

M. D. or other

Address Crisfield, Md. Date signed Jan 7, 1947

CERTIFICATE OF DEATH

RECEIVED
24 1947
BUREAU V B

2-25-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

00887

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **10 Months & 18 Days**
 Hospital, institution, or street address where death occurred:
330 Locust Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **330 Locust Street**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Eugenia Elizabeth Evans

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **Colored** 6.(a) Single, married, widowed, or divorced **Single**
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) **March 1, 1945** 6.(c) If alive, give age..... years
 8. AGE: Years **0** Months **10** Days **18** If less than one dayhrs.min.
 9. Birthplace... **Marion-Somerset-Maryland**
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name... **Wilbur J. Smith**
 13. Birthplace... **Pocomoke City, Maryland**
 MOTHER 14. Maiden name... **Nellie Mae Evans**
 15. Birthplace... **Crisfield, Maryland**
 16. Informant... **Elnore Holland**
 Address... **330 Locust St., Crisfield, Md.**
 17. Burial (Burial, cremation, or removal. Which?) **Burial** Date thereof... **Jan. 21, 1946**
 (month) (day) (year)
 Cemetery or crematory... **Lawsonia Colored Cemetery**
 Location... **Crisfield, Maryland**
 18. Funeral director... **H. Harvey Bradshaw**
 Address... **Crisfield, Maryland**
 19. **1/24/46** 19 **BB Collins M. D.** Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... **January 19, 1946**, at **10:30 P.** M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **two weeks** when I first saw **her** as she was attended by **Dr. J. B. Barkley** he died **one hour** before this **labor pains**
 Due to **Acute Cardiac Distention**
 Other conditions.....
 (Include pregnancy within month of death)
 Major findings of operation... **William H. Coulbourn, M. D.**
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE... **William H. Coulbourn M.D.**
Crisfield Md M. D. or other
 Address... **Jan 20, 46** Date filed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

202

RECEIVED

FEB 8 1946

BUREAU V.S.

A. C. (und) 87 1013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00888

270

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **34 years**
 Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
 How long in hospital or institution? **2 weeks**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Rural**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Victoria Evans

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**
 6.(b) Name of husband or wife **William Lawson Evans**
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) **July 7, 1870**
 8. AGE: Years **75** Months **5** Days **28** If less than one day
hrs.min.

9. Birthplace **Kinsale-Westmorland-Maryland**
 (Town, county, and state)

10. Usual occupation **House wife**

11. Industry or business

12. Name **John L. Cole**
 13. Birthplace **Westmorland County, Va.**
 14. Maiden name **Alice Douglas**
 15. Birthplace **Westmorland County, Va.**

16. Informant **Leonard Evans**
 Address **Crisfield, Maryland, RFD**

17. Burial Date thereof **Jan. 7, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Sunny Ridge Cemetery**
 Location **Crisfield, Maryland RFD**

18. Funeral director **H. Harvey Bradshaw**
 Address **Crisfield, Maryland**

19. **1/21/46** 19. **B E Callier M.D.**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **Jan. 5** 19 **46** at **4:55 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dec 1** 19 **45** to **Jan 5** 19 **46**
 and that I last saw him alive on **Jan 5** 19 **46**

Immediate cause of death **Arteriosclerotic heart disease of heart**
 DURATION **1 week**

Due to **Cerebral thrombosis** **80 days**

Due to **Grand arterio sclerosis** **Heart**

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **Dr. B. E. Callier** M. D. or other
 Address **Marion St.** Date signed **Jan 7, 46**

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JAN 10 1946
BUREAU V E

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7

CERTIFICATE OF DEATH

00889

Reg. Dist. No.

270

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 12 yrs
 Hospital, institution, or street address where death occurred:
Mrs. Leahy's Home Hosp.
 How long in hospital or institution?..... 1 wk

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...... R 710
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex..... Male 5. Color of skin..... White 6. (a) Single, married, widowed, or divorced..... Single
 6. (b) Name of husband or wife..... None 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Mar. 1, 1888
 8. AGE: Years..... 57 Months..... 10 Days..... 17 If less than one day..... hrs. min.

9. Birthplace..... Wicomico Co
 (Town, county, and state)
 10. Usual occupation..... Postmaster
 11. Industry or business..... U.S. Post
 12. Name..... George H. Hambrick
 13. Birthplace..... md
 14. Maiden name..... Ellen Tyler
 15. Birthplace..... md

16. Informant..... Leahy's Home
 Address..... R 710 Crisfield
 17. Burial..... Burial Date thereof..... 1/21/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Messicks M.C.
 Location..... Wetquan, Wicomico Co. Md.
 18. Funeral director..... Howard H. Holland
 Address..... Crisfield Md.
 19. 1/21/46 19. C. E. Collins, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 18, 1946, at 10:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 24, 1945 to January 18, 1946
 and that I last saw him alive on January 18, 1946
 Immediate cause of death..... Coronary sclerosis

DURATION

2 wks

Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Sarah M. Peyton M.D.
 M. D. or other
 Address..... Crisfield Md. Date signed..... Jan. 20, 1946

RECEIVED

JAN 31 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
 County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
 How long in hospital or institution? 5 weeks & 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 648 Broad Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Irvin Lankford

3. (b) Social Security Number
214-03-7568

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Clara Lankford 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) Mo. & Da Unknown 1899
 8. AGE: Years 47 Months ? Days ? If less than one day
hrs.min.

9. Birthplace Kings Creek-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation Sea Food Worker

11. Industry or business Crabs & Oysters

12. Name Edward Lankford

13. Birthplace Princess Anne, Maryland

14. Maiden name Georgiana Tilghman

15. Birthplace Princess Anne, Maryland

16. Informant Noah Lankford

Address Port Norris, New Jersey

17. Burial Date thereof Jan. 24, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Colored Cemetery

Location Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 1/24/46 C. E. Collins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 19 46 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1945 to Jan 21 1946

and that I last saw him alive on Jan 20 1946

Immediate cause of death Chronic myocarditis
 DURATION 2 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE S. M. Peyton M. D. or other

Address Crisfield, Md Date signed Jan 24 1946

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FEB 12 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 938

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
 County.....Somerset
 City or town.....Marion
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Somerset
 City or town.....Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME
Paul William Marshall

3.(b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married
 6.(b) Name of husband or wife.....Bertha Marshall
 6.(c) If alive, give age.....50 years
 7. Birth date of deceased (mo., day, yr.).....July 9, 1885
 8. AGE: Years.....60 Months.....6 Days.....15 If less than one day.....hrs.min.

9. Birthplace.....RURAL, Marion-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation.....Painter

11. Industry or business.....House painter

12. Name.....John Marshall

13. Birthplace.....Somerset County, Maryland

14. Maiden name.....Martha Cannon

15. Birthplace.....Somerset County, Maryland

16. Informant.....Mrs. Bertha Marshall

Address.....Marion, Maryland

17. Burial Date thereof.....Jan. 26, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....St. Pauls Cemetery

Location.....RURAL, Marion, Maryland

18. Funeral director.....H. Harvey Bradshaw

Address.....Crisfield, Maryland

19. Date rec'd by registrar.....2/1/46 Registrar.....Chas J. Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan 17, 1946 at.....6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Jan 15, 1946 to.....Jan 17, 1946
 and that I last saw.....Jan 16, 1946 alive on.....

Immediate cause of death.....Acute die 7 heart

Due to.....Influenza, Absolute DURATION.....2 weeks
 Due to.....Chronic suppurative

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....Chas J. Wilson M. D. or other.....
 Address.....Marion, Md Date signed.....Jan 18, 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

Reg. Dist. No.

00892

265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 years
 Hospital, institution, or street address where death occurred:
Somerset & Potomac Sts.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Somerset & Potomac Sts.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edith West Matthews

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Harry H. Matthews
 7. Birth date of deceased (mo., day, yr) April 1, 1869 6.(c) If alive, give age _____ years
 8. AGE: Years 76 Months 9 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Roxana-Suxxex County-Delaware
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name James D. West
 13. Birthplace Roxana, Delaware
 MOTHER 14. Maiden name Anna West
 15. Birthplace Suxxex County, Delaware

16. Informant Walter H. Matthews
 Address Haverford, Penna.

17. Burial Date thereof Jan. 18, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cemetery
 Location RURAL, Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. 1/18/46 19 6 E. Callender
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1946, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1946 to Jan 15 1946 and that I last saw him alive on Jan 15 1946

Immediate cause of death Cause Heart failure
 Due to Chronic Coronary Artery Disease

Due to Arteriosclerosis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Laurel M. Peyton M.D. M. D. or other
 Address Crisfield, Md Date signed Jan 18, 1946

REC'D

JAN 31 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No.

00893 262

1. PLACE OF DEATH:

County Somerset
 City or town Pocomoke R.F. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death all life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Pocomoke R.F. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Billy Mills

3. (b) Social Security Number

4. Sex

M

5. Color or race

Cal

6. (a) Single, married, widowed, or divorced

Boy -

B. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jan 21 - 1946

8. AGE:

Years

Months

Days

If less than one day

3 hrs. 20 min.

9. Birthplace

Pocomoke R.F. #1

(Town, county, and state)

10. Usual occupation

Boy

11. Industry or business _____

FATHER

12. Name

Alonso Mills

13. Birthplace

Maryland

14. Maiden name

May Turpin

15. Birthplace

Maryland

18. Informant

May Mills

Address

Pocomoke R.F. #1

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan 21 1946
(month) (day) (year)

Cemetery or crematory

Christ In E Cemetery

Location

Pocomoke City, Ind Rk 1

18. Funeral director

Alonso Mills

Address

Pocomoke City, Ind Rk

19.

(Data rec'd by registrar)

19.

46 Mrs. Clayton Davis
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1946, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Spontaneous Coronary M.
Baby only living a short time
mother has also a I.T.S.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Alonso Mills M.D. D.S.N.O
M. D. or otherAddress Princess Anne Md Date signed Jan 21-46

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JAN 23 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00894265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mariners Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank Morgan

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Anna Belle Jefferson Morgan 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 25, 1855
 8. AGE: Years 90 Months 0 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Shelltown-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oysterman

FATHER 12. Name Thomas Morgan

13. Birthplace England

MOTHER 14. Maiden name Harriet Darby

15. Birthplace Eastern Shore, Accomac, Va.

16. Informant Wilbur Morgan

Address Somerset Ave., Crisfield, Md.

17. Burial Date thereof Jan. 4, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Crisfield, Maryland RFD

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 1/3/46 19. B. E. Collins M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1946 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. when swelled to 1945 and last saw him alive on 1945

Immediate cause of death Organic Heart Disease
 Due to Coronary Occlusion
 Other conditions William H. Coulbourn, M.D.
 (If pregnancy within 3 months of death)
 Major findings of DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Injured at work? _____

23. SIGNATURE W. H. Coulbourn
Crisfield Md. Date signed Jan 3/46

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JAN 31 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 542

CERTIFICATE OF DEATH

06895

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **86yrs. 11mo. 17da.**
 Hospital, institution, or street address where death occurred:
238 Somerset Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
238 Somerset Avenue
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war... **None**

3. (a) FULL NAME

G. Thomas Nelson

3. (b) Social Security Number

None

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**
 6.(b) Name of husband or wife **Annie Nelson**
 7. Birth date of deceased (mo., day, yr.) **January 30, 1859**
 8. AGE: Years **86** Months **11** Days **17** If less than one day
 ...hrs. ...min.

9. Birthplace **RURAL, Crisfield-Somerset-Md.**
 (Town, county, and state)

10. Usual occupation **Waterman**11. Industry or business **Captain, Oyster boats**

FATHER 12. Name **Benjamin Nelson**
 13. Birthplace **Onancock, Virginia**
 MOTHER 14. Maiden name **Nancy Susan Evans**
 15. Birthplace **RURAL, Crisfield, Md.**

16. Informant **Miss Nellie Nelson**
 Address **238 Somerset Ave., Crisfield, Md.**

17. Burial Date thereof **Jan. 19, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium **St. Peters Cemetery**
 Location **RURAL, Crisfield, Maryland**

18. Funeral director **H. Harvey Bradshaw**
 Address **Crisfield, Maryland**

19. **1/19/46** 19 **C. E. Ballhus**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **January 17, 1946** at **4:30 A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan 17, 1946** to **Jan 17, 1946**
 and that I last saw him alive on **January 16, 1946**

Immediate cause of death **Arteriosclerosis** DURATION **1 month**

Due to **Peritubal Cyst**

Due to **Cancer of Prostate**

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **C. E. Ballhus** M. D. or other

Address **W. E. Ballhus** Date signed **Jan 1946**

RECEIVED
JAN 31 1946
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 00896 268

1. PLACE OF DEATH:

County... Somerset
 City or town... Chance, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Acc. Case
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Chance, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2. (a) If veteran, name war...

3. (a) FULL NAME

Charles Edward Pindott

3. (b) Social Security Number

4. Sex... Male
 5. Color or race... Col
 6. (a) Single, married, widowed, or divorced... Married

6. (b) Name of husband or wife... Sarah Pindott

7. Birth date of deceased (mo., day, yr.)... July 6, 1889
 8. (c) If alive, give age... years

8. AGE: Years... 56 Months... 7 Days... 19
 If less than one day... hrs. ... min.

9. Birthplace... Baltimore City, Md.
 (Town, county, and state)

10. Usual occupation... Labor11. Industry or business... Oyster Industry12. Name... Charles Pindott13. Birthplace... Salisbury, Md.14. Maiden name... Mary Pindott15. Birthplace... Virginia16. Informant... Sarah PindottAddress... Chance, Md.17. Burial... Date thereof... January 29, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Chance M.C.E.Location... Chance, Maryland18. Funeral director... J. Edgar ThomasAddress... Accomac, Virginia19. James S. 1946 Rosa Webster
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 25th 1946, at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 25th 1946, to Jan 25 1946
 and that I last saw him alive on Jan 25th 1946

Immediate cause of death... Cerebral haemorrhage
 DUE TO... 12 hrs

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Edgar G. Manton
 M. D. or otherAddress... Princess Anne, Md. Date signed... 1-26-46

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JAN 31 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Somerset
City or town Wenona, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Wenona, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Marie F. Randolph

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Fred F. Randolph
7. Birth date of deceased (mo., day, yr.) March 12, 1895
8. AGE: Years 50 Months 10 Days 2 If less than one day
hrs. min.

9. Birthplace Port Jervis, N. Y.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER 12. Name William Bauman
13. Birthplace Port Jervis, N. Y.
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Fred Randolph
Address Wenona, Md.
17. Burial Date thereof Jan. 16, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Episcopal Cemetery
Location Princess Anne, Md

18. Funeral director Dale Dashiell
Address Princess Anne, Md.

19. January 15, 1946 Registrar Rosa Webster
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15th 1946, at
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19..... to.....
and that I last saw him..... alive on.....
Immediate cause of death Cancer of
Lower Abdomen
Primary site: Unknown
Due to Unknown
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE G. Smith M. D. or other
Address Princess Anne, Md Date signed Jan 15, 1946

RECEIVED

JAN 17 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00897

Reg. Dist. No.

270

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death 46 yrs. 1 mo. 18 da.
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 16 Potomac Street
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME

Madeline Stephens

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife James Stephens

7. Birth date of deceased (mo., day, yr.) November 15, 1899 6. (c) If alive, give age 49 years

8. AGE: Years 46 Months 1 Days 18 If less than one day
..... hrs. min.

9. Birthplace Lawsonia-Somerset-Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Abraham Nelson

13. Birthplace Crisfield, Maryland

MOTHER 14. Maiden name Sarah Elizabeth Nelson

15. Birthplace Crisfield, Maryland

16. Informant Osborn Nelson

Address Crisfield, Maryland

17. Burial Date thereof Jan. 6, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Cemetery

Location Crisfield, Maryland # RFD

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 1/6/46 19 6 E Collins M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1946 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1945 to Jan 3 1946

and that I last saw him alive on Jan 3 1946

Immediate cause of death Influenza Pneumonia DURATION 7 days

Due to Influenza DURATION 7 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

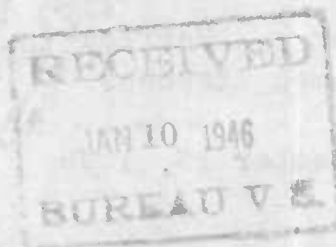
23. SIGNATURE Sarah M. Payton M.D. M. D. or other

Address Crisfield, Md. Date signed Jan 6/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14-2

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt 10
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Baby Boy Sterling
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 19 46 at 9:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 19 46 to Jan 23 19 46 and that I last saw him alive on Jan 23 19 46

Immediate cause of death Asphyxia pallida DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Levas. P. Schwatka M. D. or other

Address Crisfield Md Date signed Jan 24/46

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23, 1946

8. AGE: Years Months Days If less than one day hrs. min. 20

9. Birthplace Crisfield (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Ernest Presley

13. Birthplace Pocomoke, Md.

14. Maiden name Bernice H. Sterling

15. Birthplace Crisfield

16. Informant Brownman Sterling

Address Rt 10 Crisfield

17. Burial Date thereof 1/24/46 (month) (day) (year)

Cemetery or crematory Bethury

Location Crisfield

18. Funeral director Howard H. H. H.

Address 306 Main St. Crisfield Md

19. 1/24/46 C. E. Callahan M.D. Registrar

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 8 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 748

CERTIFICATE OF DEATH

00900

Reg. Dist. No. 265

1. PLACE OF DEATH:

County.....Somerset
 City or town.....Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Md County.....Somerset
 City or town.....Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Mariners Rd., RFD
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....none

3. (a) FULL NAME

Samuel Page Sterling

3. (b) Social Security Number

217-12-4370

4. Sex.....male 5. Color or race.....white 6.(a) Single, married, widowed, or divorced.....married
 6.(b) Name of husband or wife.....Emma F. Sterling
 6.(c) If alive, give age.....53 years
 7. Birth date of deceased (mo., day, yr.).....Mar. 27, 1883
 8. AGE: Years.....62 Months.....9 Days.....9 If less than one day..... hrs. min.

9. Birthplace.....Crisfield, Md.
 (Town, county, and state)
 10. Usual occupation.....Guard
 11. Industry or business.....Chas. D. Briddell Co.
 12. Name.....George R. Sterling
 13. Birthplace.....Crisfield, Md.
 14. Maiden name.....Kessie J. Lawson
 15. Birthplace.....Crisfield, Md.

16. Informant.....Emma F. Sterling
 Address.....RFD Crisfield, Md.
 17. Burial Date thereof.....1/8/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....Mariners
 Location.....Crisfield, Md.
 18. Funeral director.....Howard H. Hubbard
 Address.....306 Main St., Crisfield, Md.

19. Jan 7 1946
 (Date rec'd by registrar) Registrar.....B E Ballins

MEDICAL CERTIFICATION

20. DATE OF DEATH.....January 5, 1946 at.....12.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Jan 5 1946 to.....Jan 5 1946
 and that I last saw him alive on.....Jan 5 1946

Immediate cause of death.....Coronary
Pectoris

DURATION

Due to.....15-minute

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....B E Ballins M. D. or otherAddress.....Crisfield Md. Date signed.....Jan 7-46

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JAN 10 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

00901

Reg. Dist. No. 261

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>RURAL, Marion</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death..... <u>Life time</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>RURAL, Marion</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Ernest Holmes Townsend</u>				3. (b) Social Security Number			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Nancy Dryden Townsend</u>				6. (c) If alive, give age <u>58</u> years			
7. Birth date of deceased (mo., day, yr.) <u>January 20, 1883</u>							
8. AGE: Years <u>63</u>		Months <u>0</u>		Days <u>11</u>			
				It less than one day hrs. min.			
9. Birthplace <u>RURAL, Marion-Somerset-Maryland</u> (Town, county, and state)							
10. Usual occupation <u>Farming</u>							
11. Industry or business <u>Truck farms</u>							
FATHER	12. Name <u>Jacob Townsend</u>						
	13. Birthplace <u>Marion, Maryland</u>						
MOTHER	14. Maiden name <u>Mary Emily Adams</u>						
	15. Birthplace <u>Marion, Maryland</u>						
16. Informant <u>Mrs. Ernest Townsend</u> Address <u>Marion, Maryland, RFD</u>							
17. (Burial, cremation, or removal. Which?) Date thereof <u>Feb. 4, 1946</u> (month) (day) (year) Cemetery or crematory <u>St. Pauls Cemetery</u> <u>Marion, Maryland RFD</u> Location <u>H. Harvey Bradshaw</u> <u>Crisfield, Maryland</u> Address							
18. Funeral director Address							
19. <u>2/7</u> 19 <u>46</u> <u>Anna J. Nelson</u> (Date rec'd by registrar) Registrar							

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>January 31, 1946</u> at <u>11:50 P.M.</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>January 15, 1946</u> to <u>Jan 31, 1946</u> and that I last saw him alive on <u>Jan 31, 1946</u>	
Immediate cause of death <u>Acute dil. of heart</u>	DURATION <u>2 hrs</u>
Due to <u>Chronic dil. of heart</u>	<u>3 hrs</u>
Due to <u>General dil. of heart</u>	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operations Date of op.	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
23. SIGNATURE <u>Dr. J. D. Williams M.D.</u> M. D. or other Address <u>Marion, Md</u> Date signed <u>Feb 2, 46</u>	

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FEB 11 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 00902 260

1. PLACE OF DEATH:

County... Somerset
 City or town... PRINCESS ANNE, Route #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?... —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Princess Anne, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Route... #2
 Street No. #2
 (If rural, give LOCATION)
 2.(c) If veteran, name war... —

3. (a) FULL NAME

Eleanor M. Tyler

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.)

May 28, 1869

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

76712— hrs.— min.

9. Birthplace

Princess Anne, Maryland-Rt. #2
(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

None

FATHER

12. Name

George Tyler

13. Birthplace

Somerset County, Maryland

MOTHER

14. Maiden name

Emily Price

15. Birthplace

Princess Anne, Maryland-Rt. #2

16. Informant

Olvah Boman

Address

Princess Anne, Md. - Rt. #2

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

January 12, 1946
(month) (day) (year)

Cemetery or crematory

Monie Cemetery

Location

Monie, Maryland

18. Funeral director

Dale Ashiell

Address

Princess Anne, Maryland

19.

Jan. 11, 46
(Date rec'd by registrar)

19

R. H. Johnson, M.D.
per g.d. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 9

19

46 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him... alive on

19

Immediate cause of death

Coronary
Arteriosclerosis

DURATION

such

Due to

Due to

Other conditions

Dead in arrival

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Mat...

M. D. or other

Address

Princess Anne

Date signed

Jan 11

RECEIVED

JAN 15 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Prince George'sCity or town Kensington Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 55-20

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltimoreCity or town Kensington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Venilla Whittington

3. (b) Social Security Number

4. Sex Female 5. Color or race negro 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife wife of Jeremiah Whittington6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) May 30, 18908. AGE: Years 55 Months 7 Days 11 If less than one day _____ hrs. _____ min.9. Birthplace Kensington, Md
(Town, county, and state)10. Usual occupation House wife11. Industry or business House Keeping12. Name Frank Davis13. Birthplace Fairmount, Md14. Maiden name Armisthen Whitley15. Birthplace Kensington, Md16. Informant Jeremiah WhittingtonAddress Kensington, Md17. Burial Date thereof Jan 15 46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory KensingtonLocation Kensington18. Funeral director Geo W TilghmanAddress Maryland Sea Md19. 1/12-46 Geo J. Wilson
(Date rec'd by registrar) 19. _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1946 at 9:40 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 9 1946, to Jan 11 1946and that I last saw him alive on Jan. 11 1946Immediate cause of death acute nephritisCoronaryDue to Infection of teeth& phlebotomy

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. P. Barkley, Jr., D.Address Crisfield M. D. or other _____Date signed 1/12/46

RECEIVED

JAN 17 1946

BUREAU, V.S.